

LA Database Security Breach Reporting Form

Name and address of the Entity or Person that owns or licenses the computerized data that was subject to the breach: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Submitted by: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Affiliation with the Entity or Person experiencing the breach: ☐ Same as above ☐ Attorney ☐ Other: _____

Type of Organization:

☐ Educational

☐ Financial Services/Insurances

☐ General Business

☐ Government

☐ Health Care

☐ Religious/Charity/Nonprofit

☐ Other (specify): _____

Number of Individuals Affected by the Breach:

Total: _____ LA Residents: _____

Dates:

Breach Occurred: _____ Breach Discovered: _____ Consumer Notification: _____

Reason for delay, if an, in sending notification (please write N/A if not applicable): _____

Information Involved in the Breach (please select all that apply):

☐ Social Security Numbers

☐ Driver's License / State ID Numbers

☐ Financial Information (e.g. account, credit or debit card numbers)

☐ Passport Numbers

☐ Biometric Data

☐ Other (specify): _____

Type of Breach:

☐ Hacking or Malware

☐ Unintended Disclosure

☐ Insider Wrongdoing

☐ Loss or theft of device (e.g. computer, laptop, external hard drive, thumb drive)

☐ Other (specify): _____

Brief Description of the Breach: _____

Notification to Affected Individuals:

☐ Written notification ☐ Electronic notification ☐ Substitute notification: _____

Identity Theft Protection Service Offered: ☐ Yes ☐ No

Duration: _____ Provider: _____ Description of Service: _____

Attach a Security Breach Notification Sample.